Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

February 2014

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, South Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs. See **http://www.derbyshiremedicinesmanagement.nhs.uk/home**

KEY MESSAGES FROM THE JAPC FEBRUARY 2014 MEETING

CLINICAL GUIDELINES (LINK)

Bisphosphonate length of treatment guideline- There are no national recommendations on the duration of treatment with bisphosphonates. With increased warnings on their use (atypical femoral fractures, oesophageal irritation and ulcers, suspected oesophageal cancer, osteonecrosis of the jaw etc.) the literature suggests a treatment holiday for those deemed low risk. This guidance stratifies risk and advises on treatment length and holiday period including the role of FRAX and BMD.

Advisory use of when to initiate a PPI with a NSAID (or antiplatelet) This new guideline supports prescribers in understanding which risk factors need to considered when prescribing PPIs as co-protection with NSAIDs. This guideline is advisory and patients should assessed individually.

SHARED CARE (LINK)

None

CLOPIDOGREL FOLLOWING TRANSIENT ISCHAEMIC ATTACKS

The local agreement on the use of off-label prescribing of clopidogrel following TIAs was revisited following NICE's review in December 2013 that identified 'no relevant RCTs' to support its use. JAPC, in consultation with local cardiologists, agreed there was no need to change current practice that recommends clopidogrel following TIA and stroke. Clinicians have tended to treat TIA and ischaemic stroke as different manifestations of the same disease, a view reflected by the Royal College of Physicians in their clinical guideline for stroke. Clopidogrel monotherapy is more cost effective and better tolerated than aspirin and dipyridamole combination.

PREVENTING HARMS FROM FENTANYL AND BUPRENORPHINE TRANSDERMAL PATCHES

In 2012 the Care Quality Commission (CQC) highlighted a growing number of patient safety incidents with transdermal controlled drug patches. JAPC with intelligence from our provider organisations continue to regard this as a concern and wish again to raise the issues amongst prescribers and patients. For further information on the incidents and areas to improve safe prescribing see CQC.

STRONTIUM (LINK)

In April 2013 the MHRA issued new restricted indications, contraindications and warnings for strontium that relate to the risk of serious cardiac disorders. This month the European Medicines Agency has concluded its review of strontium and has recommended further restricting the use of the medicine. In patients where treatment is deemed appropriate, prescribers should assess the risk of developing cardiovascular disease before treatment and on a regular basis thereafter, generally every 6 to 12 months.

MINOCYCLINE – BLACK

Continued use of minocycline across Derbyshire, with known higher incidences of adverse reactions than other tetracyclines, prompted a review of its traffic light status. In consultation with our dermatologists the permitted restricted use of minocycline in autoimmune bullous disorders and pyoderma gangrenosum can no longer be supported. No new patients should be initiated on minocycline in primary care; however those on existing treatment should be allowed to complete their intended course.

AMOROLFINE BROWN AND TIOCONAZOLE BLACK

There is limited evidence to support the use of topical nail antifungals. Where treatment is indicated treatment with oral terbinafine is recommended. Where systemic therapy is contraindicated (e.g. renal or hepatic impairment) amorolfine is a treatment option. Examples of indications include where the condition is severe and debilitating, painful or in patients with peripheral vascular disease. Their use for cosmetic purposes is not supported. Tioconazole is not a cost effective choice.

Drug	BNF	Date considered	Decision	Details
Minocycline	5.1.3	February 2014	**Black**	Use not supported across Derbyshire for all indications
Amorolfine	13.10.2	February 2014	**Brown**	Restricted use where systemic treatment is indicated but contraindicated. Not to be used for cosmetic purposes
Tioconazole	13.10.2	February 2014	**Black**	Not a cost effective topical treatment option
Tramacet	4.7.2	February 2014	**Black**	Fixed dose combination of paracetamol 325mg and 37.5mg tramadol
Teriflunomide	Not listed	February 2014	**Red**	NICE TA 303. Recommended for treating adults with active relapsing remitting multiple sclerosis meeting NICE criteria.

Derbyshire Medicines Management, Prescribing and Guidelines website

This website is the first port of call for information on local NHS decisions and guidance on medicines use. It includes: local prescribing formularies, JAPC decisions, traffic lights, shared care guidelines, medicines guidelines, newsletters, controlled drug resources, and other medicines management resources. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.

RED drugs are those where prescribing responsibility lies with a hospital consultant or a specialist.
AMBER drugs are those that although usually initiated within a hospital setting, could appropriately become the responsibility of the GP, under a shared care agreement.
GREEN drugs are regarded as suitable for primary care prescribing.
BROWN drugs are those that JAPC does not recommend for use, except in exceptional circumstances, due to lack of data on safety, effectiveness, and/or cost-effectiveness.
BLACK drugs are not recommended or commissioned

Comments? Contact the JAPC secretary – Slakahan.dhadli@southernderbyshireccg.nhs.uk